



## QUARTERLY PQI SUMMARY REPORT

***4TH QUARTER:  
APRIL, MAY, JUNE 2008***



Submitted by:

Best Practices Team  
Case Record Review Team  
PQI Coordinator  
Program Director

## OUTLINE QUARTERLY PQI SUMMARY REPORT

Quarter: 4th 2008Date: Aug. 2008

- I. INTERNAL MONITORING PROCESSES**
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      - b. Interpreter's Utilization
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  - B. Corrective Action Summary (Trainings, Forms, Policies & Procedures, Revisions, etc.)**

## **SECTION I. INTERNAL MONITORING PROCESS**

### **A. Service Delivery**

- Barriers & Opportunities
- Human Resources Utilization, Training, & Supervision
- Research Proposals

### **B. Risk Management**

- Services & Practices
- Client Grievances, Incidents, & Accidents Summary
- External Review Summary

### **C. Case Record Review**

- Number and/or Percentage of Cases Reviewed
- Case Record Review Summary

QUARTERLY PQI SUMMARY REPORT  
April, May & June 2008

I. INTERNAL MONITORING PROCESS

A) SERVICE DELIVERY

**BARRIERS AND OPPORTUNITIES**

**PRODUCTIVITY AND CENSUS:**

**Exhibit I A - 1 Outpatient YTD Productivity**

Source	4 <sup>th</sup>	14 <sup>th</sup>	19E	19W	Agency
<i>Staff Time Sheets*</i>	105.67	88.06		85.11	94.40
<i>FYTD Contract Utilization**</i>	103.52	96.19	99.21	108.27	103.68

\* 100% = Productivity Requirement

\*\* 25% per Quarter = Budget Requirement

**NOTE:**

- Some time sheets may not be recorded.
- 19E and 19W have been combined for productivity reporting because the same personnel work in both districts.

**Exhibit I A - 2 Residential Quarterly Census**

	GH & SA	DYS	DCFS LT & ST	RHY	RHY TLP	HUD TLP	Agency
<i>Budget</i>	26	14	12.5	4	8	20	84.5
<i>Average</i>	25.9	8.72	13.99	1.12	2.26	15.12	67.11

**NOTE:**

**INTERPRETER'S UTILIZATION:**

**Exhibit I A - 3 Interpreter's Utilization Report**

# Presentations Made	# Sessions Translated	# Documents Translated	# Trainings Conducted
0	67	30	2

**SERVICES WAITING LISTS:**

At the end of the quarter, the 14<sup>th</sup> and 19E districts had no waiting lists for outpatient services (substance abuse counseling, mental health counseling, & case management). The 19W district had waiting lists for substance abuse services and counseling/mental health services, but had no waiting list for case management services. The 4<sup>th</sup> district had waiting lists for substance abuse services and counseling/mental health services, but only one client was waiting for case management services.

There were either short, manageable waiting lists or no waiting lists for our residential services at the end of the quarter.

**HUMAN RESOURCE UTILIZATION, TRAINING, AND SUPERVISION**

***CIT & CONTRACT COUNSELORS PRODUCTIVITY & / or ASSIGNMENT:***

CIT's are optimally utilized given their level of training. 4<sup>th</sup> & 19E Districts rely on contract counselors for a substantial portion of counseling services.

***TRAINING REPORT SUMMARY:***

**Exhibit I A - 4 Training Report Summary**

Training Module	Training Report Summary	
	# Hours	Avg. # Attending
CIT	12	10.13
New Employee	32	6.08
RCYCP	30	9.00
Residential (YCW/Supervisors)	46.5	6.64
Services	6.5	20.67
Supervision	3	13
Other	4	19.00
Outside Trainings	0	NA
<b>TOTALS:</b>	<b>134</b>	<b>9.26</b>

**Exhibit I A - 5 Employee Training Evaluation Summary**

Training	Evaluation Summary (1-5 Scale)			
	Experience	Facilitator	Learning	Overall
CIT	4.65	4.62	4.65	4.54
New Employee	4.83	4.87	4.83	4.83
RCYCP	4.35	4.39	4.35	4.42
Residential	4.50	4.63	4.50	4.43
Services	4.54	4.68	4.54	4.42
Supervision	4.20	4.36	4.20	3.80
Other	4.05	4.15	4.05	4.03
Outside Trainings	NA	NA	NA	NA
<b>TOTALS:</b>	<b>4.48</b>	<b>4.56</b>	<b>4.48</b>	<b>4.37</b>

**NOTE:**

- New Employee Trainings on Managing Aggressive Behavior, CPR and 1<sup>st</sup> Aid also require re-certification.

**RESEARCH PROPOSALS**

***RESEARCH PROPOSALS:***

Michael Holland is still currently working on research with the GH/SA clients.

**B) RISK MANAGEMENT SUMMARY**

**SERVICES AND PRACTICES**

**STANDARD OF PRACTICE INDICATORS:**

- *4 transports to JDC per quarter*
- *There will be an average of 7 days taken to complete Maintenance request.*

**DATA ANALYSIS / SUMMARY:**

**Exhibit I B - 1 Restrictive BMI's**

<b>Restrictive Behavior Management Interventions</b>									
	# Physical Restraints	# Reviewed	# Debrief	# Transports to JDC		# Mechanical Restraint		# Reviewed	# Debrief
				YB	Police	YB	Police		
<b>GH/SA</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>BC Shelter</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>RHY - TLP</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>HUD - TLP</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>DCFS LT</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**SERVICES AND PRACTICES - CORRECTIVE ACTION SUMMARY:**

Training on the new Debriefing policy & procedure is on the August Training Calendar as the COA 8<sup>th</sup> edition P & P to be reviewed by supervisors with staff.

**SERVICES AND PRACTICES**

**Exhibit I B - 2 Maintenance Request & Facility Safety Checklist**

Category & Status	# of Request	Average days taken to complete	% of Request	Checklist	
				Program	
<b>Computer:</b>				BCS	*Still Developing
open	6		2.0	19 <sup>th</sup> W	
resolved	287	4.5	96.6	19 <sup>th</sup> E	
stalled	4		1.4		
<b>TOTAL:</b>	297			14 <sup>th</sup> Mt. Home	*Still Developing
<b>Database:</b>				14 <sup>th</sup> Harrison	
open	5		17.9		
resolved	23	6.3	82.1	4 <sup>th</sup>	*Still Developing
<b>TOTAL:</b>	28			WCS	
<b>Maintenance:</b>				RHY - TLP	
open	1		0.7	HUD -TLP	
resolved	144	5.0	98.6	RTF (GH/SA)	
stalled	1		0.7		
<b>TOTAL:</b>	146			ADMIN	*Still Developing
<b>GRAND TOTALS:</b>	471	4.7		TOTAL	

**NOTE:**

- \*This data will be entered once the procedure for reporting data is set up.

**CLIENT GRIEVANCES AND INCIDENTS SUMMARY**

**STANDARD OF PRACTICE INDICATORS:**

- **Grievances**  
A 65% “satisfactory” response rate will be indicated by clients of the grievance investigation process.
- **Incidents**  
There will be 90% compliance with DYS/ADAP/DCFS requirements.

**DATA ANALYSIS SUMMARY:**

**Exhibit I B - 3 Type and Nature of Grievances for All Programs**

TYPE		NATURE					
Facility	0	Maintenance	0				
Services/Programs	7	Program/Schedule	7				
Staff	46	Staff Behavior	44	Rule Violation	5	Threats	5
Other Client	12	Aggression	1	Sexual	2	Slander	1
<b>TOTAL:</b>	<b>65</b>						

**NOTE:**

- Racial/Ethnic is now included in Slander.

**Exhibit I B - 4 Quarterly Comparisons of Grievances**

	1 <sup>ST</sup> QUARTER	2 <sup>ND</sup> QUARTER	3 <sup>RD</sup> QUARTER	4 <sup>TH</sup> QUARTER
<b>2006-07</b>	32 (14 Staff)	15 (10 staff)	12 (10 staff)	51 (31 staff)
<b>2007-08</b>	63 (49 Staff)	66 (49 Staff)	80 (53 staff)	65 (46 staff)

**CLIENT GRIEVANCES - CORRECTIVE ACTION SUMMARY:** Grievance Investigators will submit the Grievance PQI report to the PQI Coordinator indicating the client’s satisfaction. Also, this satisfaction report will be added to the PQI Coordinator’s Monthly Evaluation Summary.

<b>CLIENT GRIEVANCES AND INCIDENTS SUMMARY</b>
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**Exhibit I B - 5 Type and Number of Incident Reports for All Programs**

DYS / OADAP / DCFS Serious	# P&P Compliance	DYS / OADAP / DCFS Non-Serious Other	# P&P Compliance
Death	0	AWOL	15
Neglect	0	Assault/Aggression	38
- Off-Site Current	7	Sexual Misconduct	4
- Off-Site History	0	Contraband	13
- On-Site	1	Suicide Assessment or Suicide Threat	4
Physical Abuse	0	Medical	16
- Off-Site Current	20	Medication	38
- Off-Site History	2	Theft	3
- On-Site	0	Aftercare Violation	6
Sexual Abuse	0	Verbal Abuse or Verbal Threat	6
- Off-Site Current	4	Disorderly or Disruptive Conduct	69
- Off-Site History	5	Rule Violation	22
- On-Site	1	Property Damage	5
		Other	10
<b>TOTAL</b>	<b>Off-Site 38</b>	<b>On-Site 2</b>	<b>38</b>
		<b>TOTAL:</b>	<b>249</b>
<b>Serious On-Site &amp; Non-Serious GRAND TOTAL:</b>	<b>251</b>	<b>P &amp; P GRAND TOTAL:</b>	<b>199</b>
		<b>COMPLIANCE</b>	<b>69%</b>

**Exhibit I B - 6 Quarterly Comparisons of Incident Reports**

	1 <sup>ST</sup> QUARTER	2 <sup>ND</sup> QUARTER	3 <sup>RD</sup> QUARTER	4 <sup>TH</sup> QUARTER
<b>2006-07</b>	91 (578)	97 (357)	82 (189)	195 (207)
<b>2007-08</b>	202	110	234	251

**NOTE:**

- Due to an increase in the number of incidents, the Best Practices Team is investigating if staff is reporting “in-house” incidents on DYS incident reports in addition to noting them on the Residential Progress Note form. In-House, non-serious incidents should be noted on the Residential Progress Note only.

**CLIENT INCIDENTS - CORRECTIVE ACTION SUMMARY:** Residential Supervisors will continue to demonstrate improvement in the compliance percentage rate during the next quarter.

Training will be scheduled with residential staff to address Incident Reporting.

**EXTERNAL REVIEW SUMMARY**

**STANDARD OF PRACTICE INDICATORS:**

- *Three (3) or less correctable deficiencies per external review and corrective actions completed within time frames as specified per review.*

**REVIEW RESULTS SUMMARY:**

**Exhibit I B - 7 External Review Summary**

<b>Date</b>	<b>Source</b>	<b>Deficiencies</b>	<b>Corrective Actions</b>
	None this Quarter		

**EXTERNAL REVIEW - CORRECTIVE ACTION SUMMARY:** none needed

C) CASE RECORD REVIEW

**CASE RECORD REVIEW SUMMARY**

**STANDARD OF PRACTICE INDICATORS:**

- *Indicators for case record reviews have been set at 90% correct for all categories.*

*Data Analysis Summary*

**Exhibit I C - 1 NUMBER AND/OR PERCENTAGE OF CASES REVIEWED**

Services	#Cases to Review	#Reviewed	COA Required %	% Reviewed
<b>Group Living</b>				
<b>TLP</b>				
<b>Shelter</b>				
<b>Outpatient</b>				
<b>TOTALS:</b>	<b>*Still Developing</b>	<b>*Still Developing</b>	<b>*Still Developing</b>	<b>*Still Developing</b>

**NOTE:** \*This data will be entered once the procedure for reporting the data is set up.

**Exhibit I C - 2 Case Record Review Summary**

District / Program	<i>Review Categories</i>								
	Required Documentation			Confidentiality HIPAA			Standard of Practice		
	# items	# correct	% correct	# items	# correct	% correct	# items	# correct	% correct
<b>14<sup>th</sup></b>	1431	1309	91	54	46	85	914	821	90
<b>4<sup>th</sup></b>	371	318	86	14	12	86	277	229	83
<b>DCFS LT</b>	No data	No data	No data	No data	No data	No data	No data	No data	No data
<b>RHY - TLP</b>	265	192	72	10	2	20	0	0	0
<b>HUD -TLP</b>	No data	No data	No data	No data	No data	No data	No data	No data	No data
<b>GH/SA</b>	53	49	92	2	1	50	92	41	66
<b>19<sup>th</sup> W</b>	No data	No data	No data	No data	No data	No data	No data	No data	No data
<b>19<sup>th</sup> E</b>	No data	No data	No data	No data	No data	No data	No data	No data	No data
<b>BC Shelter</b>	No data	No data	No data	No data	No data	No data	No data	No data	No data
<b>TOTALS:</b>	<b>2120</b>	<b>1868</b>	<b>88</b>	<b>80</b>	<b>61</b>	<b>76</b>	<b>1253</b>	<b>1091</b>	<b>87</b>

**NOTE:** No DCFS LT, HUD TLP, Group Home, Benton Co. Shelter, or 19E & 19W charts were reviewed during the quarter. The GH/SA data is for the Substance Abuse program only.

Overall improvement is needed. The Case Record Review Team is revising the Case Record Review Process.

## **SECTION II. PERFORMANCE EVALUATION SUMMARY**

- A. Outcome Measures Summary**
- B. Consumer Satisfaction Summary**

**II. PERFORMANCE EVALUATION SUMMARY**

**A) Outcome Measures Analysis & Summary**

**OUTCOME MEASURES SUMMARY**

<p><i>Expected Outcomes</i></p> <ul style="list-style-type: none"> <li>• 70% improvement from pre to post for residential and outpatient treatment programs.</li> <li>• 70% will successfully complete case management services.</li> </ul>
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**DATA ANALYSIS OF THE FOLLOWING SERVICES:** Counseling, Mental Health, Substance Abuse Counseling, Group Living (GH & SA), Shelter, Case Management, & Tutoring Services

**Exhibit II A - 1 SASSI-A2 Summary**

District	Improvement Rates		
	#Clients	% (alcohol) FVA Improve.	% (drugs) FVOD Improve.
4 <sup>th</sup>	4	75%	100%
SA	1	100%	100%
14 <sup>th</sup>	No data	%	%
19 <sup>th</sup> W	No data	%	%
19 <sup>th</sup> E	No data	%	%
<b>TOTALS:</b>	<b>5</b>	<b>80%</b>	<b>100%</b>

**Exhibit II A - 2 Health Dynamics Inventory Summary and GAF**

District / Program	HDI Self Response Improvement Rates				HDI Parent Response Improvement Rates				GAF	
	# Clients	MOR	GSYM	GIM	# Parents	MOR	GSYM	GIM	# Clients	% Improve
4 <sup>th</sup>	3	33%	33%	33%	5	80%	80%	80%	8	75%
GH	4	25%	50%	50%	2	50%	100%	100%	No data	%
SA	3	100%	67%	67%	2	50%	0%	100%	No data	%
14 <sup>th</sup>	1	100%	100%	0%	4	100%	75%	75%	No data	%
19 <sup>th</sup> W	1	0%	0%	100%	1	100%	100%	100%	No data	%
19 <sup>th</sup> E	No data	%	%	%	No data	%	%	%	No data	%
<b>AGENCY TOTAL:</b>	<b>12</b>	<b>50%</b>	<b>50%</b>	<b>50%</b>	<b>14</b>	<b>79%</b>	<b>71%</b>	<b>86%</b>	<b>8</b>	<b>75%</b>

**OUTCOME MEASURES SUMMARY**

**Exhibit II A - 3 Adolescent Anger Rating Score (AARS) Summary**

District/Program	<i>Improvement Rates</i>				
	# Clients	Instrumental Anger	Reactive Anger	Anger Control	Total Anger
4 <sup>th</sup>	9	44%	67%	89%	78%
GH	3	67%	33%	33%	33%
SA	No data	%	%	%	%
14 <sup>th</sup>	1	0%	0%	0%	0%
19 <sup>th</sup> W	No data	%	%	%	%
19 <sup>th</sup> E					
<b>AGENCY TOTAL:</b>	<b>13</b>	<b>46%</b>	<b>54%</b>	<b>69%</b>	<b>62%</b>

**Exhibit II A - 4 Carlson Personality Scale (CPS) Summary**

Program	<i>Improvement Rates</i>				
	# Clients	Chemical Abuse	Thought Disturbance	Anti-social Tendencies	Self-Depreciation
GH	3	67%	100%	33%	33%
SA	1	100%	100%	100%	100%
<b>AGENCY TOTAL:</b>	<b>4</b>	<b>75%</b>	<b>100%</b>	<b>50%</b>	<b>50%</b>

**NOTE:** The use of the CPS has been discontinued by DYS. Youth Bridge must find another tool to measure criminal thinking/antisocial tendencies.

**Exhibit II A - 5 Culture Free Self-Esteem Inventory (CFSEI) Summary**

District/Program	<i>Improvement Rates</i>						
	# Clients	Academic	General	Family	Social	Personal	Global
Tutoring 4 <sup>th</sup>	No data						
Tutoring 14 <sup>th</sup>	No data						
DCFS LT	No data						
<b>AGENCY TOTAL:</b>							

**NO LONGER USING THIS OUTCOME MEASURE**

**NOTE:** Staff is evaluating another outcome measurement instrument for long-term tutoring & DCFS Long Term clients.

**OUTCOME MEASURES SUMMARY**

**Exhibit II A - 6 Case Management Services**

District	Service & Completion Report								
	Electronic Monitoring			Community Service			Aftercare		
	Scheduled To Complete	Successful Completion		Scheduled To Complete	Successful Completion		Scheduled To Complete	Successful Completion	
	#	#	%	#	#	%	#	#	%
4 <sup>th</sup>	15	11	73 %				1	1	100 %
14 <sup>th</sup>				9	5	56 %	1	1	100 %
19 <sup>th</sup> W	25	15	60 %				1	1	100 %
19 <sup>th</sup> E							0	0	NA
<b>TOTAL</b>	<b>40</b>	<b>26</b>	<b>65 %</b>	<b>9</b>	<b>5</b>	<b>56 %</b>	<b>3</b>	<b>3</b>	<b>100 %</b>

**Exhibit II A - 7 Residential Substance Abuse OADAP Phone Calls**

Yes/No Questions Asked to Clients	#clients Asked	# Clients that answer Yes to Follow-up Questions			%
		Months			
		3	6	12	
Are you clean and sober	3	1		1	67
Are you employed/in School	3	1		1	67
Are you living in a stable home or living independently	3	1		2	100
Have you not been arrested since discharge from treatment	3	1		1	67

**OUTCOME MEASURES - CORRECTIVE ACTION SUMMARY:** Mental health & substance abuse counselors will be reminded to submit GAF pre- & post scores to Data Entry.

**B) Consumer Satisfaction Analysis & Summary**

**CONSUMER SATISFACTION SUMMARY**

*Standard of Practice Indicator:*

- The agency will average 4.0 or higher on scale of 1 to 5 with 5 being highest rating.*

**DATA ANALYSIS:**

**Exhibit II B - 1 Client Satisfaction Survey Summary**

Consumer	Indicator & Average Rating				
	#	Staff	Service	Outcome	Facilities
Client	58	4.72	4.47	4.19	4.25
Parent	65	4.65	4.54	4.25	4.50
<b>TOTALS</b>	123	4.68	4.51	4.22	4.38

**Exhibit II B - 2 Monthly Follow-up Interviews**

Question Asked to Clients & Average Rating	#Clients Asked	Program Ratings (scale 1 to 5 with 5 being highest rating)				
		DCFS LT	BC Shelter	GH/SA	TLP	TOTAL
How do you rate the Food	12			3.33		3.33
How do you rate the Activities	12			3.83		3.83
How do you rate Counseling	12			4.50		4.50
How do you rate the Scheduling	12			2.67		2.67
How do you rate the Grievance Procedure	12			3.00		3.00
How do you rate the School	12			4.00		4.00
How do you rate the Fairness of Staff	12			2.92		2.92
Availability of Staff if you are in Crisis	NA				NA	
Helpfulness of Case Manager	NA				NA	
Have you put any Money into Savings Account (Yes)	NA				NA	
Do you think that you are closer to being Independent (Yes)	NA				NA	

## **SECTION III. FEEDBACK & CORRECTIVE ACTION SUMMARY**

- A. Trends, Needs, Opportunities Summary**
- B. Corrective Action Summary**

### III. FEEDBACK & CORRECTIVE ACTION SUMMARY

#### A) Trends, Needs, Opportunities Summary

##### *PRODUCTIVITY AND CENSUS*

- According to FYTD Contract Utilization Reports, Districts 4 and 19W met productivity requirements and Districts 14 and 19E were below requirements.
- DCFS Long-Term & Short-Term exceeded budgeted census; all other residential programs were below for this quarter.

##### *GRIEVANCES & INCIDENTS*

- Grievances against staff remain the most prevalent type of grievance.
- Total number of grievances decreased from the 3rd quarter.
- DYS Incident Reports increased this quarter from the 4th quarter last year.
- The incident reporting policy & procedure compliance rate remains below our Standard of Practice indicator.

##### *CASE RECORD REVIEW*

- The data for Exhibit I C-1 will be entered when the procedure for determining the required number of cases to be reviewed is completed.
- For the 4<sup>th</sup> quarter, the percentage correct for all categories was below the Standard of Practice indicator.

##### *OUTCOME MEASURES*

- Scores below the Standard of Practice indicator on the self-report HDI are noted.
- Scores below the Standard of Practice indicator on the AARS are noted.
- GAF data was received from the 4<sup>th</sup> district only.
- 19W was below the Standard of Practice indicator for electronic monitoring; the 14th district was below the Standard of Practice indicator for community service.

#### B) Corrective Action Summary

##### *RECOMMENDATIONS AND /OR ASSIGNMENTS*

- The process for obtaining information for the Interpreter's Report will be reviewed by the Best Practices Team for the next quarter.
- The process for monitoring Make-Up trainings will be reviewed by the Best Practices Team at its September meeting.
- Training on the new Debriefing policy & procedure is on the August Training Calendar as the COA 8<sup>th</sup> edition P & P to be reviewed by supervisors with staff.
- Beginning immediately, Grievance Investigators will be reminded to submit the Grievance PQI report to the PQI Coordinator indicating the client's satisfaction. Also, this satisfaction report will be added to the PQI Coordinator's Monthly Evaluation Summary.
- Training will be scheduled by Nov. 1, 2008 with residential staff to address Incident Reporting.
- The Case Record Review Team is in the process of revising the Case Record Review procedure.
- The trend of low self report scores on the HDI is being addressed through a pilot project utilizing a mid-treatment HDI to evaluate progress during different phases of treatment by Group Home clients.
- The trend of low AARS scores will be addressed by examining the content of each sub-scale & comparing it to the Anger Management curriculum by each Area Manager/Supervisor and staff. This is due by Nov. 1, 2008.
- In addition to the procedures for examining the HDI & the AARS, the Youth Outcome Questionnaire is being utilized in 19W as a possible outcome measurement instrument.
- All programs will be reminded to submit pre- & post GAF scores for mental health & substance abuse counseling clients.